

Prostate cancer timed clinical pathways

December 2017



Context

This document sets out a preliminary best practice timed clinical pathways for prostate cancer.

It is anticipated that Cancer Alliances will audit against these timed markers in order to work towards implementation of this preliminary best practice pathway pending publication of a national optimal pathway (due Spring 2018).

This pathway provides a standard that all alliances should aim for by 2020 when the new faster diagnosis performance standard (confirmation of cancer diagnosis or 'all clear' by day 28) is implemented in England. Implementation of this pathway will also support the 62 day standard.

Produced in partnership, these pathways reflect products of the Cancer Vanguard (Greater Manchester, RM Partners and UCLH Cancer Collaborative), with input from Faster Diagnosis Pilot sites and Prostate Cancer UK.

There are a number of resources available from the Cancer Vanguard, including 'how to guides' and patient facing communications. This can be complemented by further information available from the third sector and Royal Colleges.



Introduction

The following slides outline two prostate cancer pathways:

1. **Preliminary best practice prostate cancer pathway** – Three illustrations to outline different diagnostic options, developed by the Cancer Vanguard
2. **‘One stop’ pathway** – Currently being implemented by the Cancer Vanguard (UCLH Cancer Collaborative)

The illustrations provided for each pathway identify key timings for the diagnostic pathway for prostate cancer (referral to diagnosis). While these slides only outline diagnostic pathways for prostate cancer, implementation would be supported by reviewing patient flows across the whole pathway (e.g. stratified follow up and the subsequent increase in outpatient capacity).

Working towards implementation can support improvement against the 62 day performance standard:

- mpMRI before biopsy can reduce the number of biopsies required and help with capacity issues
- Cross-sectional imaging before biopsy in appropriate patients shortens the diagnostic pathway

Note: A national optimal pathway for prostate cancer has not yet been published. This guidance outlines a pathway that can guide Cancer Alliances towards the first stages of implementation while a fully implementable pathway is in development.



What these slides include:



Information on best practice / optimal timed pathways



Checklists to support initial implementation



Views of RAPID pathways in development



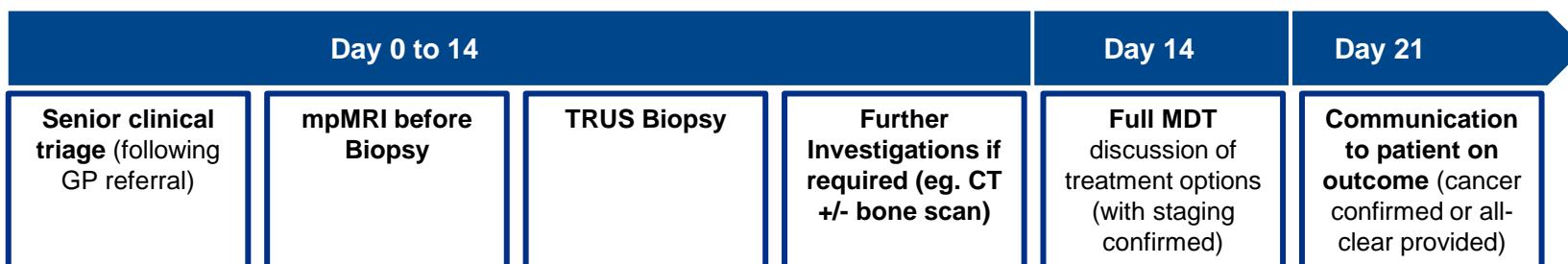
Lessons learned from the Cancer Vanguard



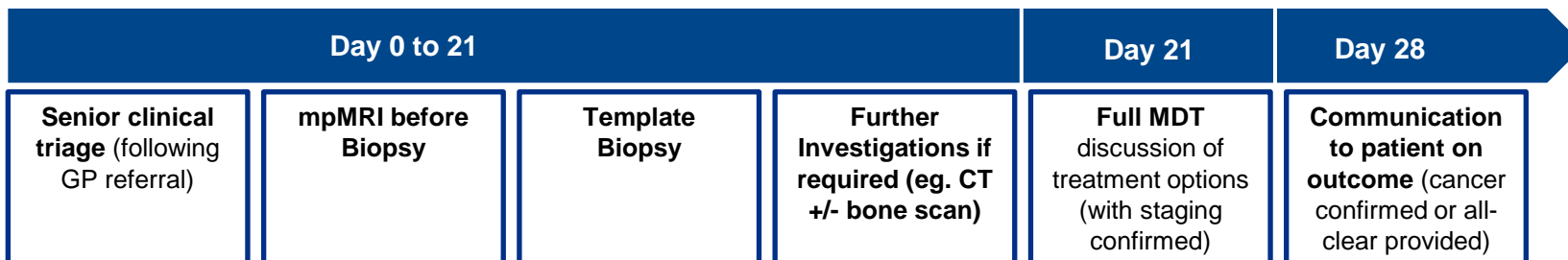
Resources to support implementation

Best practice prostate cancer pathway

mpMRI appropriate + TRUS Biopsy performed:



mpMRI appropriate + TEMPLATE biopsy performed:



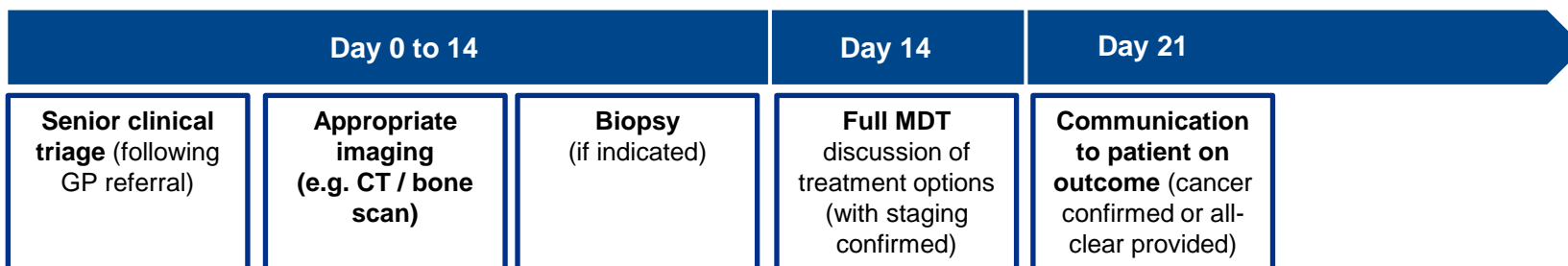
Note: Depending on local protocols & expertise some centres take patients off the pathway based on mpMRI alone and move them to a period of surveillance. See note on next slide regarding clinical consensus.



Maximum target times provided

Best practice prostate cancer pathway

mpMRI not appropriate:



The term 'appropriate' for MRI is determined by local protocols but patients not for MRI as initial investigation can include:

- Low risk for cancer
- Age >75
- Advanced disease at presentation (PSA >30)
- Contraindications to MRI scan

***Clinical consensus due in early 2018:** Earlier this year leading experts were brought together by Prostate Cancer UK and University College Hospital London to develop a clinical consensus on standards for referral, performing and reporting, as well as defining management pathways for men ruled out of an immediate biopsy. The aim is to establish optimal practice that could support the consistent use of mpMRI before biopsy across the UK, delivering cost-effective clinical benefit. Findings are due in early 2018.*

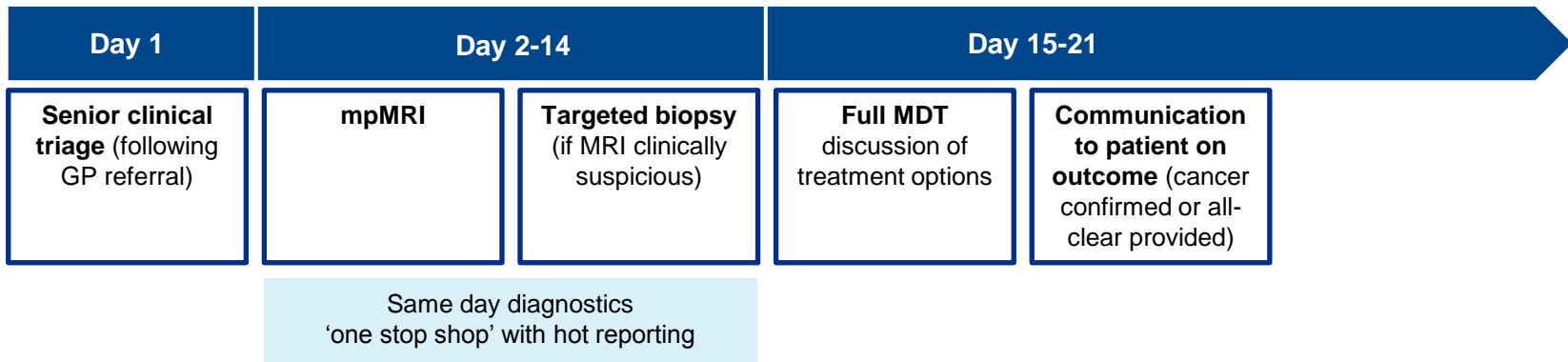


Checklist

Pathway step	Timing
Senior clinical triage following GP referral	Days 0 to 14
mpMRI prior to biopsy for appropriate patients	Days 0 to 14
TRUS biopsy after mpMRI (if appropriate)	Days 0 to 14
Template biopsy after mpMRI (if appropriate)	Days 0 to 21
Imaging and biopsy (mpMRI not appropriate)	Days 0 to 14
Full MDT discussion of results and treatment options	Day 14 (or 21 with template biopsy)
Cancer confirmed and treatment options discussed, if no cancer diagnosis or low risk cancer not requiring biopsy after mpMRI patient should be told as soon as possible relevant follow up plans made.	Day 21 (or 28 with template biopsy)



'One Stop' pathway



Lessons learned

- **Strong collaborative working** across departments is vital to enable access to limited resources, implement changes, overcome organisational divisions and structures, and ensure avoidance of 'silo' working
- **Patient pathway coordinators** provide administrative support and help patient flow through the diagnostic pathway
- **Workforce development for teams** is important for service development and delivery. This will support key requirements of the pathway, such as good quality mpMRI reported by a specially trained uro-radiologist who is able to provide 'MDT' level reporting. It will enable providers to meet timings such as template biopsy capacity within 5 working days, and 72 hour turnaround for histo-pathology.

Examples of workforce development include:

- Network of radiologists (pairing experienced radiologists with less experienced)
- 'MRI School' to develop the network radiology team together
- MRI masterclass of urologists and radiologists from across the alliance coming together to train and build confidence in using MRI in prostate cancer diagnosis



Resources

Multi-parametric MRI:

- The move to pre-biopsy mpMRI has been validated by the [PROMIS](#) trial and has the potential to:
 - Allow better identification of clinically significant cancer
 - Reduce the diagnosis of clinically insignificant cancer and resulting overtreatment
 - Reduce the number of men who need immediate biopsies
- A [CCG Checklist](#) produced by Prostate Cancer UK outlines the service specification and requirements to deliver an effective pre-biopsy mpMRI service.

Pathway:

- Prostate cancer UK have developed a full [best practice pathway](#) divided into three sections: diagnostics, treatment and support.
- The Cancer Vanguard (UCL) has produced an [implementation guide](#) for their 'one stop' pathway. This guide provides practical advice on service reconfiguration, which is useful even if not yet in a position to implement a 'one stop' model.



Resources

Training:

- The Royal College of Radiologists, BSUR and Prostate Cancer UK have developed a [training programme](#) for radiologists (e-learning with workshops).
- Dates will become available in 2018 for an [MRI masterclass](#) for urologists and radiologists for prostate mpMRI (run by University College London Hospitals)

Other:

- An optimisation 'recipe book' and e-learning will be available in 2018 to aid radiographers in delivering high quality imaging on existing scanners.
- [The Cancer Research UK Facilitator Programme](#) can provide support to healthcare professionals and organisations to improve prevention and early diagnosis, with a particular focus on primary care referral optimisation and the secondary care interface.

